

Implementing Efficient Practices: Doing More with Less

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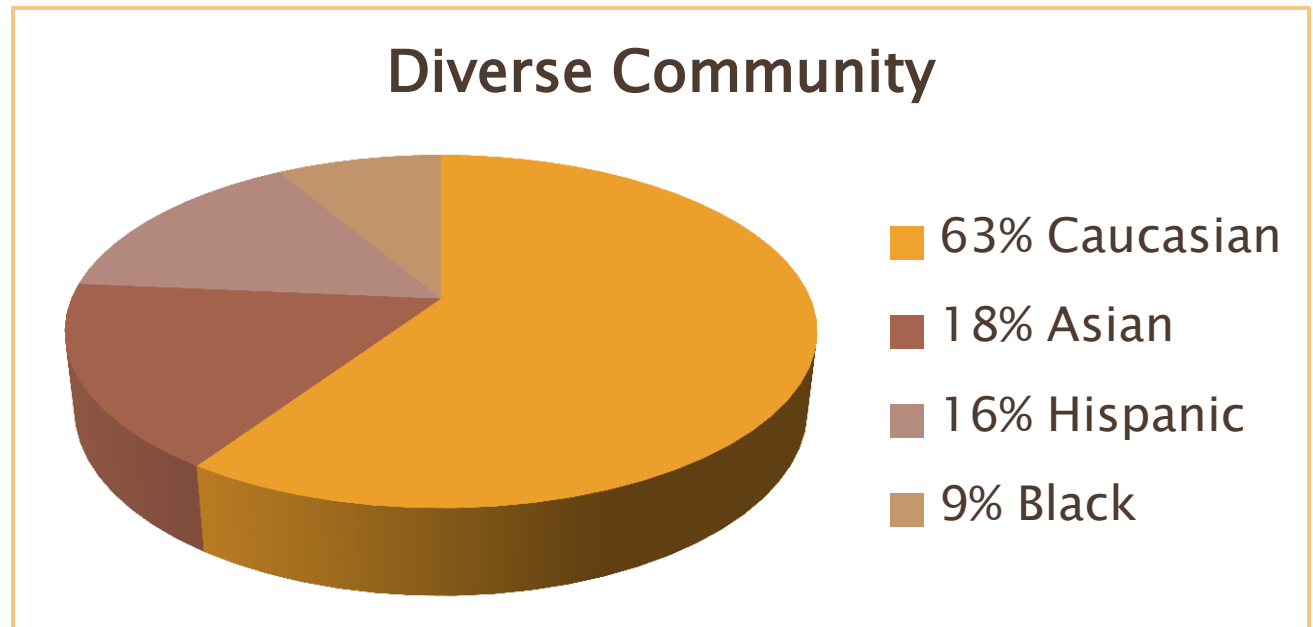
Fairfax County Adult and Aging Services




Fairfax County, Virginia

➤ Selected Demographics

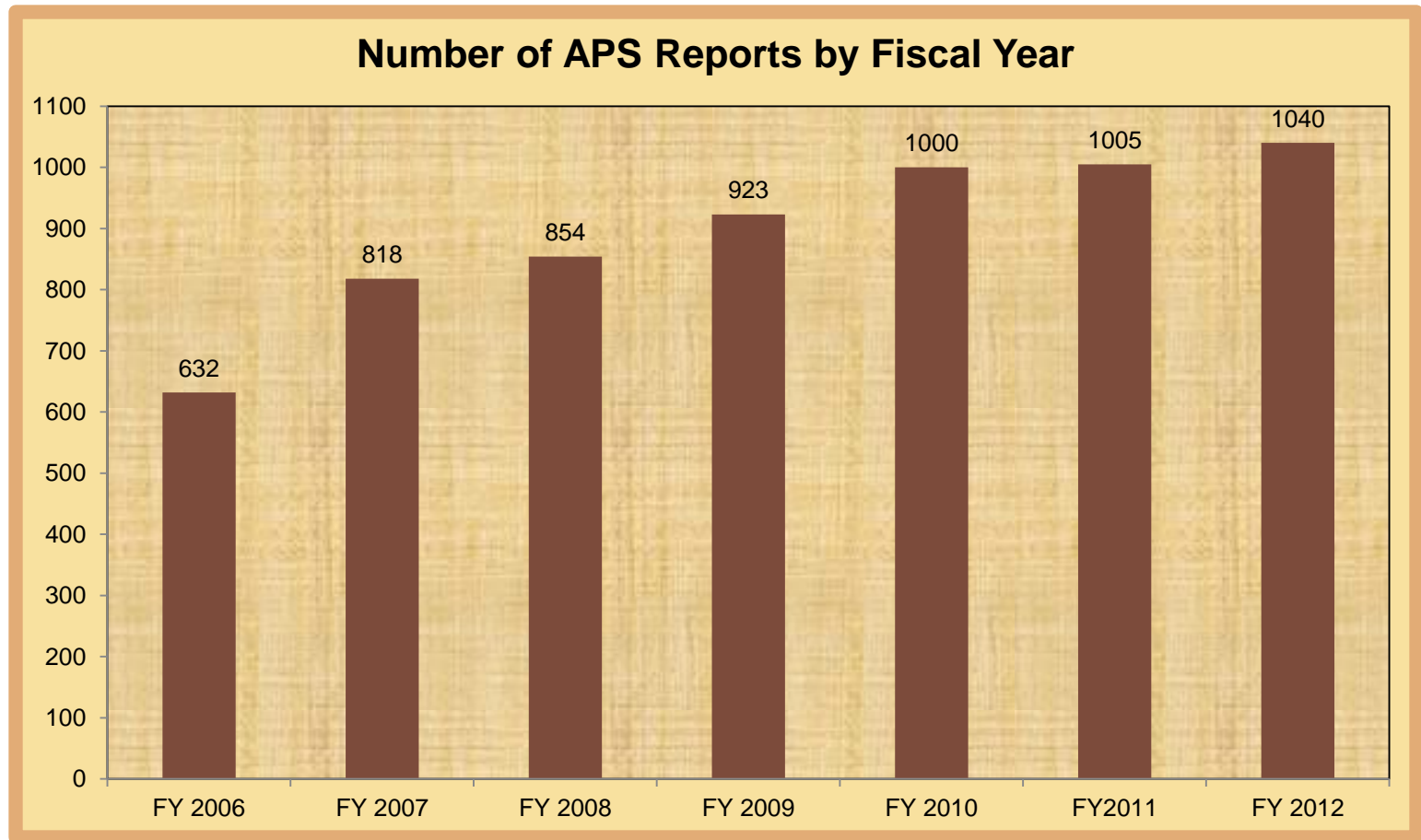
- 1.1 Million Residents
- Most Populated County in VA



Adult and Aging Services

- Housed within Department of Family Services
 - Comprised of 4 Program Areas
 - Area Agency on Aging
 - Adult Services
 - Adult Protective Services
 - Disabilities Services Planning and Development
 - Central Intake Unit
 - APS Units
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APS Report Statistics



Efficient Practices

- Consultants
- Risk Assessment Tool
- Quality Assurance



Consultants

Psychologist

- Home Visits
- Capacity Evaluations
- Mental Health Perspective



Case Example, Psychologist

An APS report alleging self-neglect was received. The client is a 65 year old female who lives in an independent living apartment complex. She carries a diagnosis of Psychotic Disorder NOS and has a history of inpatient psychiatric treatment.

One night the client asked staff for help, stating people were in her apartment and were refusing to leave. Staff found the client to be alone in her apartment. The apartment was cluttered, unclean and infested with bed bugs and roaches. After speaking with the client's daughter about the incident and condition of the apartment, the APS worker learned that the client had stopped seeing her mental health therapist, had discontinued Meals on Wheels, and was refusing to accept groceries brought by her daughter.

The client is at risk of being evicted if she does not allow an exterminator to treat her apartment. The client does not seem to understand the severity of the situation and refuses to accept assistance.

Case Consultation, Psychologist

- The client cannot be found permanently incapacitated and in need of a guardian until her current mental health crisis has been resolved.
- It would be unethical to evaluate her and proceed with the guardianship process before finding out if she is capacitated once receiving mental health treatment.
- Once the client has been stabilized on medications, her capacity to make decisions can be evaluated, and the guardianship process can be pursued if appropriate.

Geriatric Nurse Practitioner

- Home and Field Visits
- Capacity Evaluations
- Monthly Case Consultation
- Medical Perspective



Case Study, Geriatric Nurse Practitioner

An APS report alleging abuse was received regarding an unexplained hip fracture. The client is an 80 year old male living in a nursing facility. He carries diagnoses of Osteoporosis and Dementia. He uses a wheelchair and is unable to accurately self-report due to short-term memory loss.

The client was found curled up on his bed by staff. He grimaced and appeared to be in pain when trying to bear weight on his left leg. He was transported to the ER, where his left hip was x-rayed and found to be fractured. Staff stated that the client did not fall, and they did not know what happened. There were gaps in the nursing home's progress notes over the 2 days preceding the APS report.

Case Consultation, Geriatric Nurse Practitioner

- Upon reviewing the client's medical conditions and medications, the GNP noted that the client has Osteoporosis and takes Calcium and vitamin D3 supplements to strengthen his bones.
- The client is assisted during transfers by 1 staff person, during which he bears weight while twisting his hips.
- The GNP stated that the client could have fractured his hip while staff assisted him with transferring.
- To consider alternative explanations, the GNP asked if the client had any bruises. The Skin Check Sheet indicated the client had a small bruise on his left hip.
- The GNP stated that a bruise signifies a point of impact; either the client fell or he was dropped.

The Value of Consultants

Multidisciplinary Approach Utilizing
Professional Expertise Fosters More Accurate
Conclusions



Risk Assessment Tool



Goals

- Reliable Decision-Making Tool
- Consistency in Assessments
- Evaluation of Interventions
- Resource Allocation



Components

- **12 Report Detail Questions**
 - Follows Uniform Assessment Instrument (UAI)
- **6 Allegation Type Questions**
 - Self-Neglect or A/N/E
- **Total Score**
 - 12 Report Detail Questions + 6 Allegation Type Questions
- **Risk Level**
- **Comments/Observations**
- **Actions Taken**



PART I

ALLEGATION

(Select all that apply)

Self-Neglect

☐

Abuse

☐

Neglect

☒

Exploitation

☐

REPORT DETAILS

1. Prior APS investigation of any type

2. Client previously refused needed services

(If Yes to #2, check all that apply)

Adult Protective Services

☐

Referrals to community-based services

☐

DEMOGRAPHICS

3. Client is female

4. Age of client at time of current investigation

SAFETY CONDITIONS

5. The physical living conditions are hazardous and threatening to the health and/or safety of the client

(If Yes to #5, check all that apply)

Hoarding

☒

Infestation Animals

☐

RISK OF SELF-NEGLECT, ABUSE, NEGLECT OR EXPLOITATION

Complete this tool for self-neglect OR abuse, neglect or exploitation.

RISK OF SELF-NEGLECT

SN13. Client lives alone

SN14. Client has completed less than a high school education

SN15. Client has had falls within the last 3 months

SN16. Client is non-compliant with medical direction

(If Yes to #SN16, check all that apply)

Physician recommendations

☐

Medication management

☐

SN17. Client does not have financial resources to meet basic needs/housing

SN18. Client lacks family or social/community supports

RISK OF ABUSE, NEGLECT OR EXPLOITATION

A13. Client lives with spouse/significant other/life partner

A14. Client has unmet needs

A15. Client has a caregiver

A16. Evidence suggests the client's caregiver is alleged perpetrator

(If Yes to #A16, check all that apply)

Relative

☐


Spouse/significant other/life partner

☒

Community-Paid

☐

Implementing the Tool

- Field Test
 - 5 Different Localities
 - Feedback
 - Focus Groups
 - Pilot Study Findings
- 

Quality Assurance (QA)



Reports

➤ QA Assessment and Client Contact Report

- Cases Due for Reassessment
- Client Contacts that Must be Made

➤ Caseload Report

- Identifies Case by Worker
- Provides Monthly Case Statistics




Documentation Manual

➤ Policies and Procedures

➤ Data Entry “How To”

Wrap Up

Implementing strategies like the use of consultants (experts) help with determining case action; use of a standardized risk tool ensures a quality assessment process and efficient gathering of client data; and quality assurance measures help with the administrative tasks of case management, such as case documentation as well as program management.



Q&A

